

2748

**ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS**

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 48Registrar's No. 99

1. Place of Death: (a) County Cochise (b) City or Town Ft. Huachuca (c) Location Station Hospital (U.S. Army)
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 14 days; In Community not known; In Arizona 30 yrs
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona (b) County Cochise (c) City or Town Ft. Huachuca
(If outside city limits also write RURAL)
(d) Street No. General Delivery (e) If foreign born, in U. S. A. no yrs.
3. (a) FULL NAME Claude Edward Tilford (b) If veteran no (c) Social Security No. Not known
(If NONE write the word)

4. Sex Male 5. Color or Race White 6. (a) Single, married, widowed or divorced Married

6. (b) Name of husband or wife Vivian Tilford 6. (c) Age of husband or wife, if alive 46 yrs.

7. Birthdate of deceased July 18 1878
(Month) (Day) (Year)

8. AGE: Years 63 Months 1 Days 23 If less than one day
hrs. min.

9. Birthplace Merom Indiana
(City, town or county) (State or Country)

10. Usual Occupation School teacher

11. Industry or Business

Father { 12. Name George R. Tilford
13. Birthplace Ohio
(City, town or county) (State or Country)

Mother { 14. Maiden Name Elvira Tilford
15. Birthplace Indiana
(City, town or county) (State or Country)

16. (a) Informant's own signature Vivien G. Tilford
(b) Address Ft. Huachuca, Arizona

17. (a) Burial, Cremation or Removal Burial
(b) Place Tombstone (c) Date Sept. 14 1941

18. (a) Embalmer's Signature J. C. Hubbard
(b) Funeral Director J. C. Hubbard
(c) Address Bisbee, Arizona

19. (a) Sept 20, 1941
(Date received local Registrar)
(b) E. B. Moon
(Registrar's Signature)

20M 100% Reg 9/23/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) September 11, 1941
TIME (Hour and minute) 10:40 PM M.

21. I hereby certify that I attended the deceased from Sept. 8 to Sept. 11, 19 41.
that I last saw him alive on Sept. 11, 19 41.

and that death occurred on the date and hour stated above.
Immediate cause of death Absorption of toxic products from cancer of rectum caused acute circulatory and respiratory collapse
Due to Carcinoma of rectum

Due to

Other conditions Syphilis discovered one month before death
(Include pregnancy within 3 months of death)

Major findings: none

Of operations none

Of autopsy none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or Town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature John Scales, Capt. M.C. Date signed Sept 20, 1941
Address Sta. Hosp. Ft. Huachuca, Ariz.

DURATION48 hrs.14 days